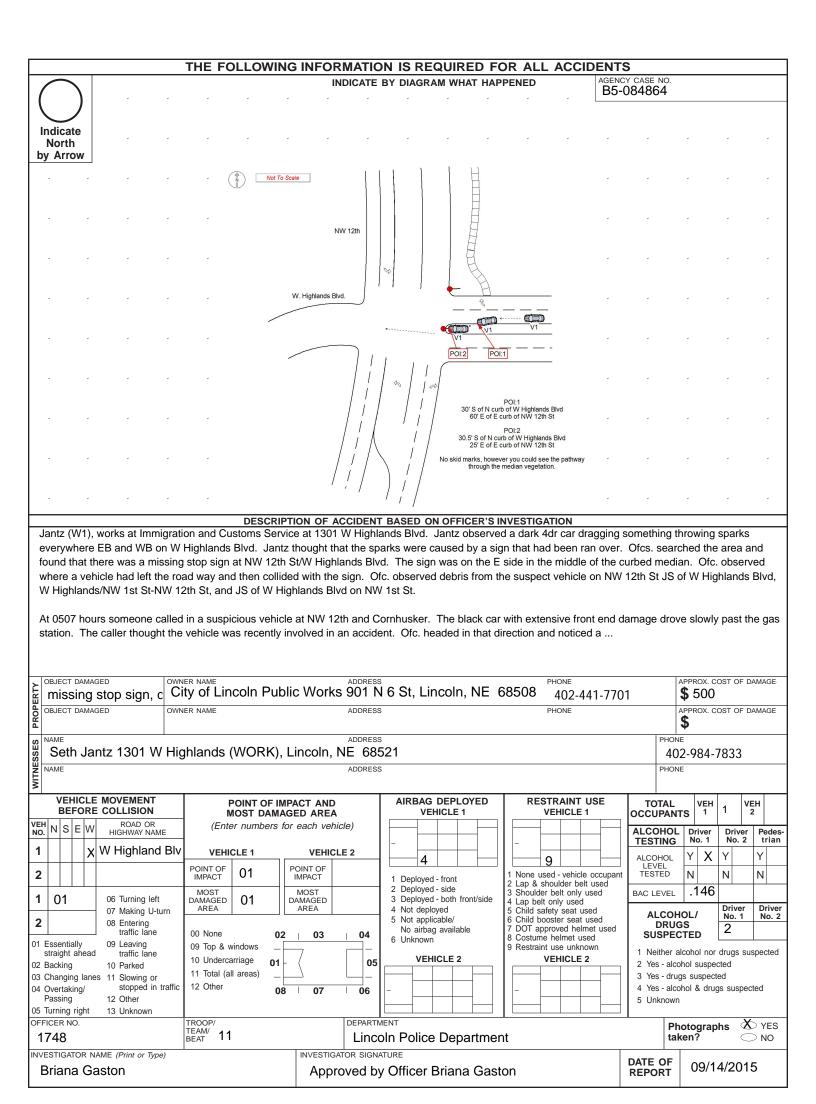
2150: 6015:	37208 9			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 3														3		
1	Total Nu	IDISTIFICE A 40 ICASE DE 00 40 CA										I	HIT & RUN		INVESTIGATION MADE AT SCENE?					
A/1	of Vehi		И / D	-004	X YES						STATE US	E ONLY		NO	1					
01	OF ACCIDENT		3/2015	D /	Y Y Y	S	M M	T W	/ TH F S TIME OF ACCIDENT											
A/2	PLACE	COUNTY	La	ncaste	er	POLICE NOTIFIED						0447								
В	OF ACCIDENT	CITY	Lincoln											YES NO		09/14/2015				
68	ROAD O		/الدا	REET/ GHWAY NO	. W High	land Blv	V 1-N	NW 112th St				ONE-WAY STREET?	VEQ. NO.	LATITUDE	LATITUDE					
с 4	DISTANCE	FROM	FEET		N	OF MILE	POST			HIGH	IWAY		- X	LONGITUE	LONGITUDE					
D .			IF AT INTERSECTION								T AT IN	ECTION W OF N	EADECT CEDE	T PRIDCE	_					
1								X FEE 30.5		MILES				t, bridge, railroad crossing						
V1/M 10				IF A	ACCIDENT W	VAS OUTSI	DE CIT	Y LIMIT	.50 X N CURD											
V2/M	MILES	ES N S E W AND N MILES									NEAREST Y OR TOW									
E	R. WORK	R1	O. I EDECITION							S4 S5-	a S5-b	S6-a	a S6-b			NT INVOLVE DAMAGE TO DE ROADS' PROPERTY?				
1	CODES	1	CLASSIFICATION CODES											s 🗴	s 🗴 NO					
F	550/55							VEH	IICLE	NO. 1				07475					-	
1	DRIVER LICENSE DRIVER	I	NO. H	113548	173						PHONE			(Of License)	NE LOCAL N			FEMALE MALE	-	
V1/N 5	QUANIS		RHO	DES		CITY, S1	TATE 71	D					0-7586	DATE OF	EGO/IE IV	<u> </u>				
V2/N	1222 A		T 1, L	INCOL	.N, NE 68		IAIE, ZI							BIRTH (MM / DD / YYY	Y)					
	OWNER KATRIN		HODE	S				PHONE 402	2-730	0-7541		100 N	09 V1/2							
_G 4	OWNER ADDR		ncoln,	NE 68	3502	TATE, ZI	P					CITATION PENDI	X⊃YES NG ○NO	CITATION LB48)		35 V1/3		
Н	LICENSE PLATE	PA	NO. TST734										YEAR ate Expires)		STA (Of P		NE			
2 V1/O	VEHICLE		YEAR MAKE MODEL FORUS					s		BODY ST	r Sed					STIMATED DAMAGE TOTALED \$				
3	VEHICLE ID NO. (VIN)	1FA	FP34	36YW3		,	INSURANCE COMPANY						V1/5							
V2/O	TOWED TO Cha	rlesto	ton Capital Towing													35 V1/6				
ı						-		VEH	IICLE	NO. 2									35	
1	DRIVER LICENSE	ı	NO.						PHONE					(Of License)	SEX -			> FEMALE > MALE		
V1/P 6	DRIVER								FRONE						LOCAL N	LUCAL NU.				
V2/P	DRIVER ADDRI	=88	CITY, STATE, ZIP											DATE OF BIRTH (MM / DD / YYY	TH /YYYY)					
J	OWNER										PHONE				LOCAL N	LOCAL NO.				
01	OWNER ADDR	ESS				CITY, S1	TATE, ZI	P				- 1	CITATION PENDI	○YES NG ○NO	CITATION	NO.			V2/3	
V1/Q	LICENSE PLATE		NO.										YEAR ate Expires)			STA (Of P	late)		V2/4	
V2/Q	VEHICLE	YEAR			MAKE	Mo	ODEL			BODY ST	/LE	·	COLOR		STIMATED TOTALE		E		V2/5	
K	VEHICLE ID NO. (VIN)												INSURANC	E COMPANY						
02	TOWED TO		TOWED BY							POLICY NO.).					V2/6	
	Complete this section for all injured per (Complete a continuation report, if more than three were inju								sons				DATE OF BIRTH (MM / DD / YYYY)		1 Seat	2 Eject	3 Body	4 5 Injury Sev. Tra	SEX	
VEH. #	NAME	(COIII	piete a c	Ontinuatio		DRESS	CC WE	ie iiijuie	<i>u)</i>				(IVIIVI 7	<i></i>	Position	Ljoot	Region	Sev. III	10.	
	LOCAL NO. MEDICAL FACILITY NAME							ı	EMS SERVICE NAME						EMS RU	EMS RUN REPORT NO.				
VEH. #	NAME		ADDRESS																	
	LOCAL NO.		MEDICAL	. FACILITY N	IAME			Tr	EMS SEF	RVICE NAM	1E				EMS RL	IN REP	ORT NO.			
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21503 <i>72</i> 60159	208					tor Veh	nicle Ac	cident	Descri	ption	Contir	uation	Re	port She		3 of _	3
			District	140				Case No.		В	5-0848	64			317	TE OSE ONE	
DATE OF ACCIDENT (MM / DD / YYYYY) 09/13/2015							COUNTY		Lancaster								
ROAD	ON WHI				STREET/I	ACCIDENT		ncoln Highlan	d Blvd/	NW 1-	NW 112	2th St					
vehicle friend a to get the been de license friend was to w	and wand just here. I riving the and pa vas tryichere sh	as waving wanted Fhere wanted he vehicle was me working to me me was, was as was, was	to ge as ext le all i k for t ess wi water	wn Ofc. It home ensive night, a the car ith her. eyes,	The drawn of the set o	iver was tated that d damag d not fine ted that apparen strong o	ne black very ements she wat she wat she wat she does to D1 was	vehicle notional as supp which conditions which conditions are not has cohol or	stopped and cry osed to correlate , so she ave a lice the influ	d, turnering. De hores with e droverense of the contract of th	ed off the plant of the plant o	e head d that some 010 the stop d 'up he aper w coholic see ca	she want of the wall of the wa	s, and the vas having urs, but did n. D1 states D1 was as recause the rage due umber B5-ent.	issud d not ed th ked at is to he	es with I know hat she h for her how her r confus	her ow nad sion
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1748			TRO TEA BEA	OOP/ AM/ AT 11			DEPARTM	Linco	oln Polic	e Dep	artmen	t					
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